Poetry in general practice education: perceptions of learners

William Foster and Elaine Freeman


Background. There has been little research into poetry-based medical education. Few studies consider learners’ perceptions in depth.

Objective. To explore general practice registrars’ (GPRs) perceptions of two poetry-based sessions.

Methods. GPRs in one general practice vocational training scheme experienced two poetry sessions. In one, the facilitator selected poems; in the other, poems were chosen by registrars. Poems were read and discussed, with emphasis on personal response. Data were obtained through in-depth semi-structured interviews with six registrars. Interviews were audiotaped, transcribed and analysed using interpretative phenomenological analysis. Identification of individual ideas and shared themes enabled exploration of the registrars’ experiences.

Results. Registrars described how poetry helped them explore emotional territory. They recognized a broadening of education, describing how poems helped them consider different points of view, increasing their understanding of others. Vicarious experience, development of empathy and self-discovery were also reported. Participants speculated on how this might impact on patient care and professional practice. Facilitator-selected poems provided variety and ambiguity, provoking discussions with clinical relevance. Learner-selected poems enabled involvement, self-revelation and understanding of peers and developed emotional expression.

Conclusions. These registrars reported difficulties expressing feelings in the culture of science-based medical training. Poetry sessions may provide an environment for emotional exploration, which could broaden understanding of self and others. Poetry-based education may develop emotional competence. The participants recognized development of key skills including close reading, attentive listening and interpretation of meaning. These skills may help doctors to understand individual patient’s unique experience of illness, encouraging personalized care that respects patients’ perspectives.

Keywords. General practice, humanities, medical education, poetry, teaching.

Introduction

General practitioners (GPs) frequently find difficulty in understanding the patient’s agenda. Patient-centred consultation models have emerged that help doctors focus on the patient’s viewpoint. However, much of medical education emphasizes clinical diagnosis and therapy, while a third goal, the recognition of suffering, receives less attention. Using the humanities can help physicians develop skills in the human dimension of medicine. Personal and professional effectiveness can be enhanced through empathetic emotional engagement, resulting in a better understanding of individual patients. A doctor’s insight and interpretative ability can encourage sensitive personal care. Doctors also need to recognize, interpret and express their own emotional responses to patients.

Poetry allows doctors to talk about their patients and themselves, encouraging the sharing of ideas and feelings. It may have advantages over other literary forms...
through its compact nature and emotional intensity—expressing thoughts and feelings that are hard to describe, with metaphor enabling views from different perspectives. Poetry reading, discussion and interpretation may enhance understandings of clinical encounters. Exploring poetry might improve doctors’ ability to utilize complexity and ambiguity within patients’ narratives. Through impact and imagery, poetry can raise consciousness and stimulate imagination. Attentive listening is a key skill and poetry develops our appreciation of complexity and ambiguity in language. Reading poems about illness helps doctors to respond to real-life situations by developing sensitivity and empathy.

Small group learning provides opportunities for experiential learning and development of interpersonal skills. This forms the cornerstone of general practice training in the UK, producing unique events: reactions between learners, topic and facilitator. This might particularly apply to poetry-based sessions, as individuals’ responses to particular poems vary greatly. Educational approaches based on achievement of pre-defined learning objectives may be inappropriate. Instead a process model has been suggested in which individuals learn through the process of discussing a poem. Adult learning approaches are useful as adults will select what they wish to learn from these educational encounters, utilizing background knowledge, in a conducive learning environment.

The aim of this study was to explore the learners’ experiences of poetry-based sessions within a general practice vocational training scheme (GPVTS). This shaped the research question: ‘How do general practice registrars (GPRs) experience the inclusion of poetry-based sessions within the curriculum of their vocational training scheme?’ The study also sought to compare sessions utilizing facilitator-selected poems, with sessions based on learner-selected poems.

Methods

The study was divided from the outset into two separately recruited stages. The first part evaluated the teaching methodology and the experience of an entire cohort of 13 GPRs who experienced two poetry-based sessions within their curriculum. First-stage data were collected using questionnaires and a focus group. The sessions were evaluated as being effective and enjoyable and the teaching methodology described proved to be straightforward to deliver.

This paper reports on the second stage of the research which involved in-depth interviews with six GPRs. The recruitment process and research documentation for this stage was quite distinct for a qualitative study using in-depth individual interviews. Interpretative phenomenological analysis (IPA) was used to investigate their experiences.

The poetry sessions

The GPRs were divided into two groups. Each group experienced two 1-hour sessions, held a week apart. In the first week, the sessions utilized five poems selected by the facilitator (WF). For sessions in the second week, the GPRs brought poems they had chosen (see Box 1 for poem titles). Facilitator’s criteria for poem selection and the advice to GPRs on their selection are summarized in Box 2. The teaching

<table>
<thead>
<tr>
<th>Box 1 Poems used in the poetry sessions</th>
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<tbody>
<tr>
<td><strong>Titles of ‘facilitator-selected poems’</strong></td>
</tr>
<tr>
<td>Health Check by Penny Feinstein</td>
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<tr>
<td>Morning Song by Sylvia Plath</td>
</tr>
<tr>
<td>Homecoming by Wislawa Szymborska</td>
</tr>
<tr>
<td>The Door by Miroslav Holub</td>
</tr>
<tr>
<td>Walking Away—for Sean by C. Day Lewis</td>
</tr>
<tr>
<td><strong>Titles of ‘learner–selected’ poems</strong></td>
</tr>
<tr>
<td>The Road Not Taken by Robert Frost</td>
</tr>
<tr>
<td>Sarah Anonymous (From Blue Ribbon Against Child Abuse)</td>
</tr>
<tr>
<td>The Rolling English Road by G. K. Chesterton</td>
</tr>
<tr>
<td>Conscious by Wilfred Owen</td>
</tr>
<tr>
<td>The Prophet by Kahlil Gibran (section about pain)</td>
</tr>
<tr>
<td>The Wonderbra by Pam Ayres</td>
</tr>
<tr>
<td>The Ship by Bishop Brent</td>
</tr>
<tr>
<td>Inexpensive Progress by John Betjeman</td>
</tr>
<tr>
<td>A Smile Anonymous</td>
</tr>
<tr>
<td>Do not go gentle into that good night by Dylan Thomas</td>
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<tr>
<td>My Rabbit by Lillian Race</td>
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<table>
<thead>
<tr>
<th>Box 2 Criteria of choice of poems</th>
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</thead>
<tbody>
<tr>
<td><strong>Criteria for facilitator-selected poems</strong></td>
</tr>
<tr>
<td>Not too long</td>
</tr>
<tr>
<td>Not too well known</td>
</tr>
<tr>
<td>Reasonably easy to read aloud</td>
</tr>
<tr>
<td>Should reveal human experience</td>
</tr>
<tr>
<td>Could evoke emotion</td>
</tr>
<tr>
<td>Contain ambiguity</td>
</tr>
<tr>
<td>One with more obvious medical relevance (to start the session)</td>
</tr>
<tr>
<td><strong>Advice given to learners on choice of their poem</strong></td>
</tr>
<tr>
<td>Bring a poem that you feel to be:</td>
</tr>
<tr>
<td>Interesting Moving Uplifting Revealing Intriguing Amusing</td>
</tr>
<tr>
<td>Profound Challenging Affirming Insightful Ambiguous</td>
</tr>
<tr>
<td>The choice is very wide, something that appeals to you</td>
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</tbody>
</table>
methodology and the data from this stage are described in another publication.20

Ethics and recruitment of participants
The research was conducted within a GPVTS in which WF is a course organizer. The study received ethics approval from the Local Research Ethics Committee and research governance approval from the Gloucestershire Primary Care Trust. Voluntary participation was emphasized throughout the recruitment process and research documentation stressed confidentiality and data anonymity. All participants gave informed consent and approval for direct quotations, attributed under pseudonyms. Access to the GPRs was approved by Severn and Wessex Deanery. A purposive sample of six GPRs (four women and two men, age ranging 25–36 years) were recruited, with a representative mix of gender and opinion about the poetry sessions (judged by pre- and post-session evaluation questionnaire responses).

The interviews
The study’s design evolved through reflection and analysis of pre- and post-session questionnaires, discussions with a participant and advice from an experienced qualitative researcher. This allowed participants to influence interview content and guide. The interview guide was semi-structured, allowing control of process, while retaining freedom to follow leads and explore detail.21 Free flow was encouraged, with probes utilized to encourage elaboration, explore feelings, seek explanations and clarify meaning. All questions were screened for assumptions, bias and clarity. To accommodate participant’s availabilitys, interviews took place 2–3 months after the poetry sessions and were held in the postgraduate centre or the GPR’s practice premises. The interviews each lasted 60 minutes. Interviews were audiotaped, transcribed into Word documents by an assistant and checked and corrected by WF.

Research approach and perspective
IPA recognizes the importance and uniqueness of an individual’s personal perception of human experience, as in phenomenology, as well as the dynamic nature of the research process.22 Hermeneutic phenomenology focuses on subjective lived experiences and meaning through an exploration of a person's lived experience, but the researcher’s own preconceptions are acknowledged. In IPA, the researcher engages in interpretative activity to make sense of and gain understanding about the participants’ thoughts and beliefs about a topic.24 The qualitative techniques used in IPA involve researchers performing similar procedures to those of a grounded theory approach.25,26 Semi-structured interviewing, using open questions, and analysis of data as an iterative process in which transcripts are read and reread, leads to discovery of insights into the data and the emergence of themes. Exploration of emerging patterns and themes can assist researchers to develop a holistic picture towards theory creation.

Data analysis
IPA, with its focus on participants’ perceptions, the nature of their experience and acknowledgment of the researcher’s preconceptions required for interpretation, was used.22,24,26,27 IPA uses similar techniques to those used in grounded theory to try to understand the content and complexity of the participants’ meaning.25 This method captured individual voices as well as the commonality and connections which allowed the emergence and organization of themes. Through an iterative process of reading and memoing, initial themes were identified.22 These consisted of key words, phrases and illustrative quotations. Themes were coded and categorized by forming clusters, allowing broader themes to emerge. The coding system was linked back to the data by means of location references, indicating participant, page and comment numbers. Using this process, WF compared and contrasted pieces of data to produce a coherent whole. Data validity was enhanced through triangulation of data from the interviews with themes identified from first-stage questionnaires. Data saturation occurred, with most themes supported by data from several participants. All six transcripts were analysed by the same iterative process. Another researcher (EF) read and analysed the transcripts independently before a discussion with WF to identify emerging themes and illustrative quotations. These themes were discussed and broad agreement of identified themes made between the researchers.

Results
The thematic structure that arose from data analysis is shown in Table 1. An indication of how themes were supported by data from the individual participants appears in Table 2.

Emotional intelligence
Several participants described the need to control emotions at work and the difficulty of releasing them at home. Paul contrasted professional responses to death, something we can deal with, with personal responses, which were difficult to talk about. A scientifically dominated training and a culture of objectivity and emotional concealment were considered by these doctors to have failed to support emotional development.

‘It is quite taboo as a doctor to admit to being actually affected by anything that has happened,
TABLE 1  Coding scheme—learners’ perceptions about poetry sessions

1. Emotional Intelligence
   1.1 Blocks to development (medical culture, science dominates, objectivity, concealing from patients, concealing from colleagues, concealing from self, emotional development unsupported, emotional maturity, emotions unhelpful, loss)
   1.2 Doctor’s own feelings (becoming self-aware, recognizing own humanity, poems for recreation, need for self-care, expressing feelings, exposure to trauma and stress)
   1.3 Feelings about colleagues (comradeship and support, getting to know each other)
   1.4 Feelings about patients (becoming receptive, being perceptive, being empathic, vicarious experience)

2. Professional Communication
   2.1 Patient’s perspective (ambiguity, emotional experience, looking for meaning, listening and half-said clues, views of others)
   2.2 Expressing oneself (improved articulation, conveying empathy)
   2.3 Doctor–patient relationship (doctor/patient agendas, broader approach, mutual understanding and trust, individualized care)

3. Educational Approach
   3.1 Broadening (education not training, redress to science dominance, value of artistic approach, holism, discovery learning, making implicit explicit, enjoyment, altered thinking)
   3.2 Relevance of humanities (place in curriculum, timing, existing teaching culture)
   3.3 Effectiveness (novelty, multidimensional learning, affective domain addressed, challenging previous views)

4. Experience of the poems
   4.1 Initial individual views (resonance, dissonance, imagination, meaning, images)
   4.2 Discussion of poems (views of others, assumptions, connections with work, discussion aids recall, utility, many views, changed view)

5. Views about poetry prior to sessions
   5.1 Influencing factors (school, family, culture, events)
   5.2 Prior views about poetry (nature of poetry, uses for poetry, barriers to use, preferences)
   5.3 Benefits anticipated (broadening, return to the arts)
   5.4 Prior reservations (utility/relevance doubted, sceptical, emotional concern, outside comfort zone, technical anxieties)

6. Experience of sessions
   6.1 The learning environment (small group size, relationships, group process, group atmosphere, facilitation, expert input)
   6.2 Facilitator-selected poems (variety, effective selection, pre-reading, health themes)
   6.3 Learner-selected poems (how chosen, experience presenting, revealing self, discovering peers, reasons, peer comparison)

TABLE 2  Sample of support of themes and data location—(page number, comment number;)

<table>
<thead>
<tr>
<th>1.0 Emotional Intelligence</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
<th>Participant 5</th>
<th>Participant 6</th>
<th>Participant 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Blocks to development</td>
<td>10,39; 12,43</td>
<td>9,36; 10,49</td>
<td>11,44; 12,45</td>
<td>11,44; 12,45</td>
<td>12,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.2 Science dominates over art</td>
<td>11,42; 9,36</td>
<td>10,41; 9,45</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.3 Objective stance dominates</td>
<td>11,47; 10,42</td>
<td>9,45; 9,45</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.4 Concealing from patients</td>
<td>10,40; 13,47; 10,42</td>
<td>9,45; 10,48</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.5 Concealing from colleagues</td>
<td>10,40; 13,47; 10,42</td>
<td>9,45; 10,48</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.6 Concealing self</td>
<td>10,39; 13,47; 10,42</td>
<td>9,45; 10,48</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.7 Emotion develop unsupported</td>
<td>10,40; 12,47</td>
<td>9,36; 9,36</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.8 Emotions can be unhelpful</td>
<td>10,40; 12,47</td>
<td>8,32; 10,41</td>
<td>9,45; 9,45</td>
<td>7,27; 12,44</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.9 Difficulty talking about loss</td>
<td>13,47; 11,47</td>
<td>10,43; 10,43</td>
<td>9,45; 9,45</td>
<td>8,32; 10,41</td>
<td>9,45; 9,45</td>
<td>7,27; 12,44</td>
</tr>
<tr>
<td>1.2 Doctor’s own feelings</td>
<td>11,47; 10,42</td>
<td>9,36; 9,36</td>
<td>7,27</td>
<td>10,39; 12,45</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
</tr>
<tr>
<td>1.2.1 Becoming more self-aware</td>
<td>9,36; 9,37; 10,37; 11,47</td>
<td>4,17; 9,35; 9,36</td>
<td>7,37</td>
<td>16,53</td>
<td></td>
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<tr>
<td>1.2.2 Recognizing own humanity</td>
<td>13,47</td>
<td>4,17; 8,35</td>
<td>9,45; 10,47</td>
<td>11,44; 12,45</td>
<td>13,47; 12,44</td>
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<tr>
<td>1.2.3 Using poems for recreation</td>
<td>10,44</td>
<td>8,40; 8,39</td>
<td>3,12; 11,44; 12,44</td>
<td></td>
<td></td>
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<tr>
<td>1.2.4 Need for self-care</td>
<td>10,38; 13,47; 13,48</td>
<td>5,15; 10,42; 11,47</td>
<td>10,50; 6,29</td>
<td>2,7; 12,44; 13,46</td>
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<tr>
<td>1.2.5 Expressing feelings</td>
<td>9,36; 13,48; 11,47</td>
<td>10,47</td>
<td>11,44; 12,44</td>
<td>13,47; 12,44</td>
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<tr>
<td>1.2.6 Exposure to trauma/stress</td>
<td>10,39; 12,44</td>
<td>10,47</td>
<td>11,44; 12,44</td>
<td>13,47; 12,44</td>
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<tr>
<td>1.2.7 Emotional maturity</td>
<td>9,36; 9,39; 11,44; 12,44</td>
<td>11,44; 12,44</td>
<td>13,47; 12,44</td>
<td></td>
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<tr>
<td>1.3 Feelings about colleagues</td>
<td>1.3.1 Comradeship and support</td>
<td>6,30</td>
<td>11,44; 12,44; 12,45</td>
<td></td>
<td></td>
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<tr>
<td>1.3.2 Getting to know each other</td>
<td>7,27</td>
<td>6,30; 10,49</td>
<td>15,51</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.4 Feelings about patients</td>
<td>1.4.1 Becoming receptive</td>
<td>12,44; 12,44</td>
<td>12,44; 12,44</td>
<td>12,44; 12,44</td>
<td>12,44; 12,44</td>
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<tr>
<td>1.4.2 Being perceptive</td>
<td>3,10; 10,37</td>
<td>12,50; 13,53; 4,15; 4,16</td>
<td>14,48; 16,53</td>
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<tr>
<td>1.4.3 Being empathic</td>
<td>3,10; 3,13; 11,46; 12,49</td>
<td>9,36; 10,37; 12,42</td>
<td>9,38; 10,41</td>
<td>5,20; 12,44; 14,48</td>
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<tr>
<td>1.4.4 Vicarious experience</td>
<td>12,50</td>
<td>10,38; 12,44</td>
<td>4,13; 8,34; 10,39</td>
<td>13,47; 14,49; 15,50</td>
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Anna suggested that control of feelings at work might lead to personal damage and that the humanities could encourage doctors to express feelings, rather than bottling them up.

‘You have to control that emotion but I think the difficulty, of course, is that it is not like a bank account, you can’t shove all the emotion in and just take it out at the opportunity, so what actually happens is that you repress it completely and that is encouraged on a practical level because your colleagues want you to be as efficient as possible … over the years, that probably has quite a damaging effect on people and on their ability to actually feel anything. I think you sort of become quite hardened’. (Anna)

Several participants described the need to take an unemotive, objective stance at times and their difficulty in maintaining this position. Claire explained how it felt to eventually express feelings in this situation.

‘Sometimes it just shows that you’re human as well, and that you actually have an understanding of what the patient or the relative is having to put up with and go through’. (Claire)

Paul remarked that reading poems and discussing feelings would be considered an unusual activity for doctors. He, and several others, observed that self-selected poems allowed individuals to talk about loss, and suggested that poetry helps us to reveal feelings, addressing personal needs.

‘People would just think you had gone a bit soft and it’s not in the culture of that kind of machismo driven ward environment’. (Paul)

‘It’s just the getting used to addressing your own emotional responses, addressing your own emotional needs’. (Paul)

Professional communications
Several interviewees described how exploring linguistic ambiguity helped them realize how easily professional communications can be misunderstood. They described how poems helped them to consider life from others’ perspectives.

‘… you could just forget about your own thoughts for the moment and actually step into their shoes and look at it through their eyes, and I think once you did that, you could actually see why they were unhappy’. (James)

Themes of being receptive, perceptive and empathetic were strongly supported by all participants, who cited several examples as to how the poems had helped them consider perspectives of others. Some commented on how developing listening ability could help with ‘heart-sink’ patients. Paul and others recognized poetry’s particular relevance to general practice, stating that doctors need to be emotionally tuned in and skilled in interpersonal communication. Anna postulated that doctors who are more interested in people than illnesses may gravitate towards general practice. She felt this might make GPs particularly receptive to poetry.

Several participants described how one poem highlighted the different agendas of doctors and patients. They stated that considering poems may develop attentive listening with recognition of subtle linguistic clues that point to the patient’s agenda. James and Maggie described how exploring patients’ emotional experience might lessen the impulse to prescribe. They suggested that medicalized approaches and categorizing patients often lead to specific treatments, whereas working with feelings enables individualized care. All interviewees considered that reading poetry could provide vicarious experience, helping doctors to develop empathy. Paul described how this could enhance the doctor–patient relationship.

‘… that’s absolutely priceless to have the benefit of somebody else’s experience … the more comfortable you are yourself in dealing with difficult situations that a patient brings in, the more effective you are at dealing with those situations, and I think the more comfortable the patient is with you’. (Paul)

The educational approach
Interviewees appreciated the novelty of a broader educational experience, contrasting this with a passive science-based training.
‘It’s broadening peoples’ minds ... it’s making people like myself think in a different way than they have before’. (Maggie)

‘... hopefully that will help me be a slightly more rounded doctor, to not come at everything from one direction’. (James)

Poems allowed learning that was described by some as multidimensional when compared with other approaches. These sessions were considered outside the usual culture of medical education, where science is dominant and emotional matters are rarely discussed.

‘If you really want it to be part of the culture, you have got to have it on an equal level with other things from day one; otherwise people will just see it as a kind of add-on and touchy-feely and not part of the proper doctor stuff’. (Anna)

The educational approach seemed to produce powerful learning in which recollection of the poem, the group discussion and personal emotional response seemed to combine synergistically to enhance memory.

‘It becomes a bit more solid in your brain I think if you have read a substantial poem and discussed it afterwards. It must make more of an impact and hard-wires it a bit more than just being told stuff ... I’ll automatically remember that and remember what I felt in response to it, so its just a very effective form of teaching I think’. (Paul)

A strong theme that arose was the way in which the individual’s response to the poem was enhanced by consideration of differing views within the group discussion.

‘It’s the visual images that I find that I generate when I listen or read poems but I think that was reinforced and enhances by the end discussion ... a bit like an artist’s palette, you have all these colours and you’re sort of dotting them on the canvas and then you’re just putting the final touches and suddenly the picture’s there and that makes it easier to identify with’. (Susie)

**Experience of particular poems**

How did these poems exert their effects? Resonance with personal experience was reported but dissonance also seemed important. *Morning Song*, viewed initially as a negative view on childbirth, provoked much discussion. Listening to contrasting interpretations made James realize he had approached the poem from a narrow point of view. Some discussions had practical medical relevance. Paul recalled how *A Smile* helped practically by making an aspect of non-verbal communication explicit. Exploring interpretations of *Homecoming* enabled him to make connections between social isolation and psychosomatic presentations. Others mentioned how certain poems provided vicarious experience, preparing them for similar future situations. *Health Check* appealed to Maggie as she could relate it to practice, while James preferred non-medical poems. Humorous poems helped to balance those which evoked less pleasurable feelings.

‘I was a bit embarrassed really, as everyone else had brought something a little bit more grown up ... a little more serious, but I think it worked well at the end of the session because we had quite a morbid one beforehand and so it was sort of a pick me up at the end’. (Maggie)

**The learning environment**

Data from all participants supported the importance of established relationships within functional groups that had enabled contribution and discussion.

‘Initially I was a bit worried how it was all going to go ... but it was within the group that I know and am comfortable with. If it was in a group where I didn’t know anybody and you just had to talk about poems, it might be a bit more difficult’. (Susie)

Others mentioned the importance of established group rules that encouraged a trusting atmosphere, enabling contributions.

‘I think just feeling comfortable with the other people that are around and knowing what you say is confidential within that group and everybody being given the chance to discuss what they were thinking’. (Claire)

Group sizes (6 and 7) were felt to be big enough to fuel discussion whereas larger numbers would have been intimidating. When asked to consider the introduction of a literary expert into these sessions, while some suggested possible benefits of expert interpretation and analysis, all felt this could have been personally inhibitory, taking the focus away from personal view and self-discovery.

**Comparing the sessions**

The session using facilitator-selected poems was felt by most to be safer, involving less personal exposure. Several participants remarked on the variety of poems selected, which were described as enjoyable, easy to read, evocative and discussion provoking. Most reported that reading the poems before the session allowed a more considered opinion, enabling contributions in discussion. Several reported reservations prior to this first session including scepticism, emotional
concerns and feelings that working with poetry was outside their comfort zone. Despite this, enjoyment was mentioned by all.

Concerning the second session (learner-selected poems), those interviewed gave a variety of reasons for their selection (feeling strongly about the poem, emotional intensity, amusing others, personal enjoyment). All reported interest in how their peers constructed different interpretations from metaphors and ambiguous phrases, leading to discussions that enhanced understanding. Most supported the idea that hearing reasons behind individual’s choice of poem gave them further insight into their peers.

‘I think you always feel a bit insecure about something you chose because you’re exposing a bit of yourself when you choose a poem. You don’t know what you are giving away but you think you probably are giving something away’. (Paul)

The themes of poems in this session were less varied, with several about loss. Maggie found two poems hard to understand and consequently less enjoyable, while Anna reported that one poorly written poem caused her to disengage.

Prior attitudes to poetry
Various influences shaped prior opinions about poetry, including family attitude, poetry at significant moments and national culture; but school experience was dominant for all participants. Positive experiences of poetry for enjoyment contrasted with negative feelings evoked by analytic approaches and a sense that poetry was less accessible than prose.

‘I was studying poetry right the way through school ... there are a lot of ideas and symbolism in a small package, and it often inverts the normal way of looking at things and in an interesting way ... This English teacher was interested in poetry and he got us to read quite a lot of it just for enjoyment’s sake, I had positive memories of doing that’. (Anna)

‘It was very difficult to read ... something that really didn’t interest me at all. We just had to completely dissect them ... probably not my thing I suppose ... English in general, although I did fine at it, never came as naturally to me as any other subjects, so I don’t have a very positive opinion of it I guess.’ (Maggie)

Initial reactions to the idea of poetry in the GPVTS curriculum were very mixed. Some anticipated a broadening of education and a reawakening of their prior interest in humanities. Others had contrasting reservations about utility and relevance.

‘I just thought, how is this, what’s the point, how is this going to help me, you know, I want to learn how to treat urinary tract infection’. (James)

‘My initial reaction was quite positive actually as I’m all for it. I’ve got a more arts background than most people who are doing medicine and I’m really grateful for that. On the negative side, you do worry ... although yes I think it would be a good idea, what do you lose in this year if you are going to put poetry in?’ (Paul)

While Maggie was worried that the poems might be difficult to understand and sceptical as to their educational value, Anna felt uncomfortable about being more familiar with poetry than others.

Discussion
There is little published research concerning the use of poetry in medical education and few papers concerned with learners’ perspectives of humanities-based medical education.

This study found that poetry sessions allowed doctors to consider the emotional aspects of medical practice, allowing them to consider their own humanity, and that of colleagues and patients. The doctors saw that discussing poems allowed an exploration of linguistic ambiguity and meaning, which could help them be perceptive, understanding of the patient’s perspective and more responsive to individual’s needs. The educational approach was felt to be novel and effective and suggestions were made as to how poems contributed to learning. The study suggests differences in benefits between poems chosen by learners and poems selected by facilitators.

Emotional competence
Poetry has been found to be helpful in encouraging discussion of emotional issues. Health professionals need to retain capacity to feel deeply the suffering they encounter, without being overwhelmed. Poetry can encourage emotional sharing and development of emotional intelligence. A denial of emotional stress and the need to be seen as strong by others is common among doctors.

The participants’ comments highlight difficulties doctors have expressing feelings and the lack of opportunity for this during training. While expressing concerns that emotional responses are sometimes unhelpful, their statements acknowledge the dangers of emotional concealment and the value of reflection and emotional sharing, which may prevent burnout.

Ambiguity, meaning and empathy
Poetry can help us see beyond symptoms, listening actively to everything said, to connect with deeper
Who benefits and how does this approach work?

Some suggest that poetry only benefits certain individuals, while others propose universal applicability. This study indicates that predisposition towards poetry-based education is more complex. School experience may encourage or discourage natural affinity to poetry. Family, culture and life events also shape views. All interviewees appeared to gain from the sessions. Participants recognized the tension and ambiguity between doctor and patient agendas. Poetry-based education may help doctors focus on the patient's agenda. Empathetic recognition of emotional experience could lead to a broader view and more individualized care.

Who selects the poems?

Comparing sessions, facilitator selection ensured variety and mixture of mood. Reading poems prior to the session allowed learners to formulate initial views, enabling their contributions. Some discussions would have been hard to predict, supporting Pickering's view that a poem cannot be used with a particular aim in mind. However, two poems with clearer medical relevance (Health Check and Morning Song) provoked discussions with predictable themes (doctor/patient agendas and childbirth/motherhood). Poems may therefore be selected to encourage richer understandings of particular situations.

When the learners chose poems, personal relevance was enhanced. The strength of this approach lies in the discussions, self-revelation and expression of emotion. Discussing poems brought on the day necessitates spontaneous facilitation, with participants and facilitator on a more equal level, which may empower learners. In this study, sessions were facilitated by a GP course organizer. Others advocate literary expert resources, but these doctors felt that such experts could inhibit their contributions.

Limitations

The study's design sought to observe an educational methodology in a naturalistic setting. (GPRs learning in small groups, facilitated by their course organizer). Care was taken throughout to avoid influencing the participants with WF's preconceptions (poetry-based sessions with other groups had suggested benefits). Research documentation and the interview guide were carefully screened by co-researchers to ensure neutrality. WF took care to minimize voicing personal opinion, focusing on capturing learners' views. The researchers were aware of the importance of pre-existing relationships and trust for this type of study. A potential power issue arose from WF's dual role as course organizer/researcher, so voluntary participation was emphasized throughout. Social desirability may have influenced the GPRs responses to questions and WF's involvement in all aspects of the study may have introduced blind spots in the enquiry. A research assistant to conduct the interviews was considered, but another individual would have lacked familiarity with the GPRs and the shared language and context of general practice. WF's involvement as facilitator and interviewer added insight to the research perspective. The time lapse between poetry sessions and interviews may have introduced recall bias, although interviewees appeared to have strong memories of the sessions. The study was based on only one GPVTs, with data from six individuals of 13 who attended the sessions. Triangulation with questionnaire data suggests they represented a cross section of their cohort. IPA allowed integration of individual learners' perceptions, shared views and the researcher's interpretations, but just as poems illustrate the ambiguities within text, so other analyses of the interview data were possible. Another researcher (EF) independently read and analysed the transcripts before a discussion with WF to identify emerging themes and illustrative quotations.

What does this study add?

This is the first study to explore in-depth doctors' experiences of poetry-based education. It also compared the use of facilitator-selected and learner-selected poems. The study exposes learners' perceptions, which can be compared with theoretical speculations of others, providing insights into how poetry
can work for doctors. Poems may resonate with experience or produce dissonance. Comparing personal responses in discussion can lead to broader views and new insights. Ambiguity may help development of imagination and interpretation, while exploring metaphors can lead to deeper understanding of the viewpoints of others. Vicarious experience can develop empathy, preparing doctors for real-life situations.

This study highlights that doctors may need help with expressing feelings and suggests that poetry can provide a suitable vehicle, developing emotional intelligence. Professional communications may be enhanced as poetry helps doctors rehearse key skills of close reading, interpretation of meaning, attentive listening, reasoned argument and verbal expression. Working with poems could help doctors to spot linguistic clues, leading them to the patient’s agenda. Poetry may be particularly appropriate for GPs but other health care professionals might also benefit.

There is an analogy between reading a poem and understanding a patient. Empathetic recognition of the patient’s emotional experience allows deeper mutual understanding. Poetry may help doctors to consider the patient’s individuality, ambiguity and complexity, as they simultaneously apply scientific medical knowledge. It is this synthesis that can help doctors to provide care that is scientifically based but also artistically bespoke to the individual.

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Authorship: WF was involved in all stages of the study from its conception to the writing of this manuscript. He facilitated the poetry-based sessions and the focus group discussion and performed the interviews. He was responsible for the development of the methodology, collection and analysis of the data and the interpretation of the findings. He drafted and revised the manuscript. EF made substantial contributions to the linguistic content. She revised the article critically for important intellectual content.

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